U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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	For Official Use Only
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1. File Number U- 8799

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 2004 Through: 12 / 31	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Richard A Gierut	Name Teamsters Joint Council 25	
	Labor Organization File Number 023-301	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any Rm 600	
Street 10636 South Kolin Avenue	Street 1645 West Jackson Boulevard	
City Oak Lawn	City Chicago	
State Illinois ZIP Code + 4 60	State Illinois ZIP Code + 4	60612
5. Position in labor organization. Organizer	,	
Enter appropriate data below if, during the past fiscal year, (except as spec	u or your spouse or minor child directly or indirectly had any of the following inted in the exclusions set forth in the instructions):	erests
A. Held an interest in, engaged in transactions (including I monetary value from an employer whose employees ye	ans) with, or derived income or other economic benefit of rorganization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any)	7.a. Nature of Interest, Transaction, or Income.	·
Name and address of Employer (including trade name, if any) Name	7.a. Nature of Interest, Transaction, or Income.	
	7.a. Nature of Interest, Transaction, or Income.	
Name	7.a. Nature of Interest, Transaction, or Income.	
Name Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.	
Name Trade Name, if any:		
Name Trade Name, if any: P.O. Box, Bidg., Room No., if any		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	7.b. Amount.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	7.b. Amount.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.b. Amount. Signature der penalty of Perjury and other applicable penalties of the law, that all of the information of the penalty of the law, that all of the information of the information of the law, that all of the information of the law, the law of the law, the law of the l	rmation best of the
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 15. Signature and verification. The undersigned declares, c submitted in this report (including the information contained in	7.b. Amount. Signature der penalty of Perjury and other applicable penalties of the law, that all of the information of the penalty of the law, that all of the information of the information of the law, that all of the information of the law, the law of the law, the law of the l	rmation best of the

Name of Person Filing Richard Gierut	File Number U-
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street	
City 7/D Code + 4	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name ·	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. \$0
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount. \$0
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street .	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.